

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095295

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: TRAVEL LYNX, INC. OF BREVARD COUNTY

## Current Principal Place of Business:

355 WILLIAMS POINT BLVD  
COCOA, FL 32927 US

## New Principal Place of Business:

## Current Mailing Address:

355 WILLIAMS POINT BLVD  
COCOA, FL 32927

## New Mailing Address:

FEI Number: 59-3547008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOBERG, KARL R III  
3898 BUTEO PLACE  
TITUSVILLE, FL 32796 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOBERG, KARL R III  
Address: 3898 BUTEO PL  
City-St-Zip: TITUSVILLE, FL 32796

Title: VPS ( ) Delete  
Name: MOBERG, SHARON R  
Address: 3898 BUTEO PLACE  
City-St-Zip: TITUSVILLE, FL 32796

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON R MOBERG

VPS

03/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date